

CLAIMS ONLY							Application Number 2/623314	Filing Date				
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend						
1						1						
2												
3												
4												
5												
6												
7												
8												
9												
10												
11						1						
12								1				
13								1				
14												
15								1				
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22						2						
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46												
47												
48												
49												
50												
Total Indep						3						
Total Depend						13						
Total Claims						16						